

THE NEW MEDICINE OF DR HAMER

Dr Ryke Geerd Hamer has discovered the shock-conflict mechanism underlying cancer development, but has been persecuted by German and other European courts for his theory and successful treatments.

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Website:
<http://www.mrbean.net.au/~wlast>

The German doctor Ryke Geerd Hamer (b. 1935) has had an exceptionally high success rate with his cancer therapy—by far the highest I have seen of any therapy. During one of several trials of the much-persecuted Dr Hamer, the public prosecutor (in Wiener Neustadt, Austria) had to admit that 6,000 out of 6,500 patients with mostly advanced cancer were still alive four to five years after Dr Hamer's treatment. That is a success rate of over 90%—almost a reversal of the results to be expected after conventional treatment of advanced conditions.

Dr Hamer developed testicular cancer soon after his son was shot dead in 1978, and wondered whether his son's death was the cause of his cancer. However, it wasn't until three years later, when he worked in a cancer hospital at the University of Munich, that Dr Hamer was able to start his cancer research in earnest. Subsequently, he investigated and documented 15,000 cases of cancer and always found the following characteristics to be present, which he termed the Iron Rules of Cancer.

THE IRON RULES OF CANCER

1. Every cancer and related disease starts as a DHS—a Dirk Hamer Syndrome (named after his son). This is a serious, acute-dramatic and isolating conflict-shock experience. It manifests simultaneously on three levels: psyche, brain and organ.

2. The theme of the psychic conflict determines the location of the focus or Hamer Herd in the brain, and the location of the cancer in the organ.

3. The course of the psychic conflict correlates with the development of the Hamer Herd in the brain, and the course of the cancer in the organ.

At the moment of the conflict-shock, something like a short circuit occurs in a pre-determined place of the brain. This can be photographed with computed tomography (CT), and looks like concentric rings on a shooting target or like the surface of water after a stone has been dropped into it. Later on, if the conflict becomes resolved, the CT image changes as an oedema develops and, finally, scar tissue.

How specific and precisely located these brain lesions are may be seen from the following example. After a professional lecture, a doctor handed Dr Hamer the brain CT of a patient and asked him to explain it. From this, Dr Hamer diagnosed the patient as having a fresh bleeding bladder carcinoma in the healing phase, an old prostate carcinoma, diabetes, an old lung carcinoma and sensory paralysis in a specific area, in addition to the corresponding emotional conflicts.

Amazingly, Dr Hamer has been able to show that at the same time as the concentric brain lesion appears, the target organ CT may also show such a concentric lesion. According to Dr Hamer, this happens instantly when the psychic shock hits the subconscious level, and this same second is the start of cancer. However, other diseases can also be caused by the same mechanism. How severe a disease becomes may depend on other psychological, energetic and nutritional factors, but its nature and location are determined by the content of the conflict shock.

Dr Hamer believes that the correlation between key emotional shock events, the target brain areas and the related organs has developed as a human evolutionary adaptation from similar programs in the animal world. When we unexpectedly experience emotional distress, an emergency repair program is set in motion—a biological conflict program—with the aim of returning the individual to normal. Such

programs can even apply to families or other groups.

Dr Hamer gives the following example. A mother sees her child having a bad accident. In evolutionary terms, infants recover faster when they receive extra milk. Therefore, the mother's biological conflict program tries to stimulate milk production by increasing the number of breast cells. If the mother is right-handed, that will instantly cause the appearance of a Hamer Herd in a specific part of her right brain, which in turn relates to the left breast. When the child is well again, conflict resolution begins and extra milk is no longer needed. The mother gets a benign form of tuberculosis in that breast, which then breaks up the excess breast cells. However, if the mycobacteria required for this are lacking, then the area may just calcify and remain as a dormant tumour.

The same process applies also to animals. A sheep that loses its lamb to a wolf is prone to develop teat cancer; the side depends on whether it is right or left footed. However, the sheep commonly resolves this conflict by bearing another lamb.

The following example may illustrate the original survival value of this mechanism. Let's assume a lion chases an antelope. The antelope must immediately mobilise all its resources to survive. The sympathetic nervous system takes

over and, in addition, a specific brain centre becomes active that stimulates lung activity. After the successful escape, the animal rests and the parasympathetic nervous system becomes dominant for a while to normalise body functions.

If, instead, a person is given a cancer diagnosis, even if the diagnosis is wrong, the same biological program is set in motion by the same fear of death that helped the animal to escape. The stress level jumps and the brain/lung connection is activated, but now there is nowhere to run. Until the conflict is resolved, which may take years, there will be constant stress as well as brain-induced stimulation of lung activity, which now takes the form of increasing lung capacity by the incessant division of cells.

This process can only be stopped by switching off the trigger in the brain through defusing the original conflict-shock. This happens when the patient subsequently has surgery or natural therapy which he or she fully believes will lead to a cure. However, the same procedure in a patient who has doubts about its effectiveness will leave the conflict unresolved and the disease to progress. Thanks to Dr Hamer's work, this is no longer just an unsubstantiated assumption but, rather, scientific fact that can be verified anytime with a CT brain scan.

The selection of the conflict focus occurs by subconscious

The following list shows some of the relationships between conflict emotions and target organs:

Adrenal cortex – wrong direction, gone astray;
Bladder – ugly conflict, dirty tricks;
Bone – lack of self-worth, inferiority feeling;
Breast milk gland – involving care or disharmony;
Breast milk duct – separation conflict;
Breast, left (right-handed) – conflict concerning child, home or mother;
Breast, right (right-handed) – conflict with partner or others;
Bronchials – territorial conflict;
Cervix – severe frustration;
Colon – ugly, indigestible conflict;
Gall Bladder – rivalry conflict;
Heart – perpetual conflict;
Intestines – indigestible chunk of anger;
Kidneys – not wanting to live; water or fluid conflict;
Larynx – conflict of fear and fright;
Liver – fear of starvation;
Lung – fear of dying or suffocation, including fear for someone else;
Lymph glands – loss of self-worth associated with the location;
Melanoma – feeling dirty, soiled, defiled;
Middle ear – not being able to get some vital information;
Mouth – cannot chew or hold it;
Oesophagus – cannot have/swallow it;

Pancreas – anxiety-anger conflict with family members, inheritance;
Prostate – ugly conflict with sexual connections or connotations;
Rectum – fear of being useless;
Skin – loss of integrity;
Spleen – shock of being physically or emotionally wounded;
Stomach – indigestible anger, swallowed too much;
Testes and Ovaries – loss conflict;
Thyroid – feeling powerless;
Uterus – sexual conflict.

These are some other specific diseases which are related to conflict emotions:

AIDS – Dr Hamer observes that no one ever died of AIDS without having previously been told that they are HIV positive or believe that they are. The implication is that, just as with cancer, it is the negative perception associated with AIDS that causes its devastating effect.
Angina pectoris – Caused by territorial conflict in the active phase, and heart infarct in the healing phase.
Diabetes and hypoglycaemia – A right-handed female develops hypoglycaemia from anxiety and revulsion, but if left-handed she develops insulin-dependent diabetes. A right-handed male develops insulin-dependent diabetes from a conflict of resisting or struggling against something, but if left-handed he develops hypoglycaemia.
Facial paralysis – Fear of losing face,

having been made a laughing stock.
Haemorrhoids – A right-handed woman with an identity conflict and a left-handed man with territorial anger in the healing phase will get haemorrhoids.
Heart infarct – Fight for territory or its content.
Multiple sclerosis and paralysis – Inability to escape, continue on or to hold onto, or not knowing what to do.
Psoriasis – Involves separation conflict concerning mother, father, family, home, friends or pets.
Psychoses of all kinds have one or more active Hamer Herds in each of the two parts of the brain.
Rheumatism – A brutal separation conflict causing pain or suffering.
Vitiligo, Leukoderma – An ugly or brutal separation conflict.

A note on handedness:

Left-handed individuals develop problems on opposite sides to genuine right-handed individuals. Handedness can be tested by observing which hand is on top when clapping; this is the leading hand. With right-handedness, all muscles on the right side of the body are involved with partners and possibly other individuals, and all left-sided muscles with children or their own mother.

These conditions may change with hormonal changes, as with use of the birth control pill or with menopause.

association. For instance, biological conflicts involving water but also other fluids, such as milk or oil, lead to kidney cancer; fear of death leads to lung cancer; and psychologically swallowing a bigger chunk than we can digest leads to stomach or intestinal cancer. Originally, in the animal world, it really was a big chunk of food, but for us it may be a financial overcommitment or any other obligation that we have taken on and cannot fulfill. However, the target focus is not determined by the event itself, but, rather, by the psychological significance that it has for us at the time of the event.

Dr Hamer illustrates this with the example of a woman who finds her husband in bed with another female. As a sexual frustration conflict, it causes uterine cancer. If she instead experiences it as a partner conflict, then in a right-handed woman it leads to cancer of the right breast. If the conflict feeling is fear and revulsion, then it causes hypoglycaemia. With lack of self-worth, cancer may develop in the pubic bone. If the lack of self-worth was due to a failure in sportsmanship rather than being sexually related, then the problem would have arisen in an arm or leg instead or possibly in the fingers or shoulder. Other typical situations that may lead to biological conflicts are loss situations: loss of a loved one, a job, a valued possession or a territory.

Dr Hamer believes that most metastases or secondary tumours are caused by the cancer-fear or death-fear resulting from the patient being given the cancer diagnosis or a negative prognosis. However, also in this case, the resulting conflict-shock may not be fear of death but rather anger, resentment or a separation conflict from partner or children, and then tumours would appear in different places. Also, a diagnosis of colon cancer commonly leads to liver cancer because of a subconscious fear of starvation.

Generally, hopelessness, despair and meaninglessness create chronic stress, which prevents the healing from cancer and other diseases, but they are not the cause of the diseases. According to Dr Hamer, the real cause of cancer and other diseases is an unexpected traumatic shock for which we are emotionally unprepared.

THE HEALING PHASE

The start of a DHS or conflict-shock experience is different from other conflicts that we experience in our daily lives. It causes a continuous stress resulting in a tendency to develop cold hands and feet, lack of appetite and weight loss, sleeplessness and dwelling all the time on the conflict content. If the conflict does not become resolved soon, the long-lasting stress will lead to specific symptoms and the development of cancer or another disease.

When the conflict resolves, the patient is no longer occupied with the conflict content, the appetite returns, hands are warm again and also normal sleep returns, but there may also be weakness, fatigue and a need to rest. These effects show that the parasympathetic nervous system is now in control.

This is the beginning of the healing phase, which can be long and difficult.

During the first part of the healing phase, there are water retentions and inflammations but the tumour stops growing. This eventually leads to a healing crisis, which Hamer calls an *epileptic* or *epileptoid* crisis because it is caused by an oedema in the Hamer Herd brain lesion. It shows unique symptoms for each illness.

After this, the body starts to expel the accumulated water, the patient gradually regains strength and the body functions become normal. Now the brain's connective tissue, the glia, starts repairing the Hamer Herd. This may be interpreted by conventional radiologists as a fast-growing brain tumour and treated accordingly.

Dr Hamer estimates that 99% of brain events, such as strokes, bleeding into the brain, cysts and tumours, are due to healing events of Hamer Herds. Therefore, he regards them as temporary and self-limiting, unless there is inappropriate medical intervention. The most important support in these situations is the reduction of any brain oedema.

During the healing crisis, the patient may for a short time re-experience the original psychological conflict with cold hands and cold sweat. This serves to suppress and eliminate the oedema in the brain lesion, which then allows other body conditions to normalise. The main danger point is just before the end of the healing crisis when it will become apparent if the body is strong enough to eliminate the disease.

In difficult cases with long or strong conflict duration, massive brain oedema may develop, for which Dr Hamer uses cortisone injections. In natural therapy, we use an assortment of urea and anti-inflammatory therapies instead.

Urea has strong diuretic properties and an excellent effect in cases of dangerously high fluid pressure in the brain. Generally, 20 grams of urea are used 2 to 5 times daily.

One life-threatening case has been described of a massive brain tumour re-growth that completely disappeared within two hours after the patient received 256 mL of 30% urea, as described in *Your Own Perfect Medicine* by Martha Christy (FutureMed, Inc., USA). This report clearly shows that the presumed brain tumour in fact was a massive oedema, as postulated in the New Medicine.

What Dr Hamer calls the epilepsy crisis may be experienced by the patient as a heart attack, lung embolism, hepatitis or a lung infection. Generally, during the healing phase, the patient will have more discomfort than when the tumour was actively growing.

In the first part of the healing phase, when the body releases inflammatory hormones, most problems are due to water retention, inflammation and swelling of tissues, all of which can cause a lot of pain. Hamer regards oedema, whether found in the brain or in an organ, as positive—a sign of healing.

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TISSUE REPAIR

After the healing crisis, adeno-carcinomas are removed by fungi and mycobacteria while hepatitis virus may in addition help to regenerate the liver. At this stage, bacteria, viruses and fungi that help to break down the tumours and repair damaged tissues also cause inflammation, pain and fever.

If you find it odd that Dr Hamer regards microbes as essential friends and helpers in the healing of cancer, he has made an even more surprising discovery. In his ontogenetic system of tumours and cancer-equivalent diseases, he distinguishes between two opposite processes during the active conflict phase.

Depending on the location of the Hamer Herd in the brain, there may be either cell proliferation or cell destruction. The first group has cell proliferation and tumour growth during the conflict phase and then removes excess cells with the help of microbes during the healing phase. The other group causes cell destruction during the conflict phase, resulting in ulcers, necroses and tissue holes affecting, for instance, bones (osteoporosis), kidneys, spleen or ovaries. During the healing phase, this second group tries to fill in the holes created through cell proliferation. Tissue necroses and osteolyses (dissolved bone) are now repaired by bacteria that first form abscesses, which are then filled in with scar tissue and later with granulating tissue to form osteosarcoma, lymphoma, fibroma and healing cysts. Also, leukaemia commonly occurs during the healing phase, as it does after bone marrow damage from radiation, chemicals or bone cancer.

According to Dr Hamer, these conditions are generally self-limiting and only get out of control when additional conflict shocks occur, or when the body is too old or weak, or through the methods of conventional medicine. In contrast, natural healing methods aim to support body and mind during this trying time. Most healings proceed without major problems, but about 10% need the full support of an experienced therapist, especially at the time of the healing crisis.

HEALING THE PSYCHIC CONFLICT

The main task in every case of cancer is to find the original emotional shock experience and make sure that it has been healed or is being healed. In many cases it will have corrected itself, and the patient suffers from an effect of the healing phase. For instance, someone may have lost a farm or business but has now started another satisfying venture or hobby. As an after-effect, there may now be a tumour that gradually becomes dormant or eventually disintegrates. About 40% of tumours discovered during routine medical investigations are said to be old and harmless; that is, dormant and calcified. However, complications may still arise if medical intervention then instills a fear-of-death conflict-shock that induces the same or another tumour to grow.

Nevertheless, in other cases the original conflict may still be active or there may be a second active conflict. As we do not know, we have to probe in every case to find the original and any other conflicts. We need to think back, especially one to

two years before our problem started, and analyse our emotional history during this time as well as before and after. Also, meditation or regression therapy may be useful to discover conflict shocks.

If we still have a strong emotional response when we discover the content of the conflict, then we can be sure that it is still unresolved. If possible, it is best to solve it in a natural way. For instance, if it was caused by losing a partner, then you could find someone new; if you lost a child, you could become pregnant again (cancer does not continue to grow after the third month, as pregnancy has priority) or adopt a child. However, it is not the fact of being pregnant or having a new partner or pet that heals but, rather, having the possibility of coming to terms with our loss, accepting it and getting on with life. Whoever cannot do this will not benefit from having a new partner/child/pet, but a good therapist may still find it easier to help that person.

If a natural solution is not possible or if you don't have access to a therapist, then use guided imagery either on your own or with the help of a partner or close friend. In a relaxed and meditative state, re-create and re-experience the conflict

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as intensely as you can, but then substitute a desirable or acceptable outcome. Create and experience this new outcome as vividly and detailed as possible; see it, feel it, and possibly even hear and smell it. The original experience may also have imprinted you with the memories of unrelated details (tracks) of your ordeal, to which you may now react with allergies. You may try to overcome these in the same way with guided imagery.

If neither of these methods is possible because you feel that you have to continue your present

duties or ordeal for whatever reason, then only increased spiritual understanding and acceptance may be able to help. In either case, be aware of your vulnerabilities and avoid any further conflict-shocks—but if one does happen, get it out of your system as soon as possible.

In addition, I firmly believe that all active conflicts will be terminated and the healing phase will begin when we are able to feel love and forgiveness strongly within ourselves and then radiate it to all others, but especially to anyone we feel may have wronged us. We can further ease the healing phase by expecting it to be short and mild and lead to full recovery.

According to Dr Hamer, animals in the wild get cancer from the same shock programs as we do. However, 80–90% survive and do not notice much because the healing phase can take its natural course. Those that die are mainly old animals that cannot resolve a conflict, such as regaining their territory from a rival or replacing a lost cub.

It is different in our society, as the natural healing process is routinely interfered with. It starts with getting tranquillisers or antidepressants during the active conflict phase, which prevent us from fighting back and regaining our territory. This may then lead to a cancer diagnosis that causes an additional active conflict and may end with the prescription of morphine, which totally disables our healing responses.

While Dr Hamer does not believe that health foods, remedies, cleansing or healthy living in general can cure cancer,

these certainly can be important in order to survive the ordeals of the healing phase.

Actually, Dr Hamer regards all diseases as consisting of two phases: initially with active conflict, followed (if possible) by a healing phase that reverses the conflict program. He does not call them diseases any more but, rather, *special biological programs*. He is stated to have worked with over 31,000 patients and found his theories confirmed in every single case without exception. He claims that, overall, the New Medicine has a 95% success rate in reversing cancer under ideal conditions, e.g., early resolution of the conflict, no new conflict and no interference from conventional medicine. However, many patients with advanced conditions may not be able to resolve their conflicts, or do so only too late, and thus fail to respond to treatment.

THE PERSECUTION OF DR HAMER

Siemens, manufacturer of the CT equipment, has independently verified the existence of the Hamer Herds in the brain. Furthermore, in 1998 the University of Trnava in Slovakia confirmed the diagnostic significance of the Hamer Herds. Nevertheless, Dr Hamer has faced exceptional persecution.

Under German law, a licence to practise medicine can be withdrawn if the doctor has diminished mental abilities. This law was used in 1986 by a German district court to withdraw Dr Hamer's licence to practise. As proof of Dr Hamer's supposedly inadequate mental condition, the court stated that he was not willing to retract his theories and swear allegiance to the principles of orthodox medicine.

Even worse, the court discovered evidence that he was incapable of converting to the principles of orthodox medicine: he had tried to convince a group of prominent professors of the correctness of his theories only one month before the court case! One year later, the same court requested a psychiatric assessment of his mental abilities, which Dr Hamer refused. Without ever seeing him, a court-appointed psychiatrist diagnosed Dr Hamer as being a psychopath!

In 1997, Dr Hamer was arrested and jailed for 18 months under an obscure natural therapy law introduced under Adolf Hitler to suppress the Gypsies. His crime was that he had given free health advice to some individuals who had asked him for his opinion. The public prosecutor openly stated that all means must be used to remove Dr Hamer from society. Compare this to a 13-year delay of the trial of his son's killer and then a sentence of only six months on probation. This mild sentence may have had something to do with the accused being the Prince of Savoy, the son of the last king of Italy.

Since 1999, Dr Hamer has lived in Spain because courts in Germany, Austria, France and Switzerland now want to try him because some cancer patients died supposedly as a result of following his advice. According to this reasoning, Dr Hamer is a mass murderer because he denied cancer patients

the supposedly safe and effective treatment offered by orthodox medicine.

Furthermore, a public prosecutor initiated a civil action against Dr Hamer for a large sum of money because he had advised a patient against having chemotherapy. In another instance, the parents of a little girl, Olivia Pilhar, who had been treated by Dr Hamer, received an eight-month suspended jail sentence for temporarily evading chemotherapy treatment for their daughter and after the girl had finally been removed from their custody and treated against their will. This can happen anywhere in the Western world. In Australia, a mother recently told me that while she did not believe in chemotherapy and would prefer natural therapy for her daughter with leukaemia, she had to go along with it because the treating doctor threatened to take her to court if she refused.

There is no cancer therapist in the world who has not had patients die under their care. However, even with advanced cases, Dr Hamer's success rate is exceptionally high. This witch-hunt has been compared to the fate of Dr Semmelweis, who suggested that surgeons wash their hands before operations and was sent to a mental asylum where he died aged forty-seven.

Dr Hamer has survived eight assassination attempts, and the mass media in Germany treat him as a deranged criminal. While many individual doctors, including professors of medicine, have verified the principles of the New Medicine, so far no German university has agreed to test them, despite a court order that the University of Tübingen conduct such tests.

Furthermore, doctors and natural therapists in Europe who practise according to the principles of the New Medicine face persecution. In Austria, Belgium, France, Germany and Spain, authorities have started proceedings against such doctors to take away their right to practise. Court cases have been going on for years. Only the courts in Spain have

adopted the enlightened position that it is not their role to decide between conflicting medical theories and therapies.

The vicious response of the Establishment is understandable because widespread knowledge and application of the New Medicine would mean the end of the medical-pharmaceutical complex.

However, in 2001 a prominent neurologist openly defended Dr Hamer by publishing a book about the New Medicine and demanding that his theories be tested officially. Because Dr Therese von Schwarzenberg also belongs to the high nobility, the mass media are in a bind as to what position to take on this. Until now, they have only reported about Dr Hamer in the most derogatory ways, and now there's a high-profile personality who claims that Dr Hamer is right and deserves a Nobel Prize!

Nevertheless, the official response of prominent oncologists still remains that it is totally absurd to assume emotions could be important in the cause and cure of cancer and, therefore, Dr Hamer's claims must not be tested.

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REFLECTIONS ON DR HAMER'S DISCOVERIES

My own understanding and experience leave no doubt about the primary importance of our emotions and beliefs in the cause and cure of our diseases. Furthermore, the writings of Dr Hamer give the impression of a serious and meticulous researcher whose findings have been confirmed by various scientific institutions and medical practitioners, including professors of medicine. Only those who refuse to look at his evidence continue to denounce him.

Therefore, I have no doubt about the validity of his basic premise: namely, that specific diseases, in particular cancers, are associated with visible lesions in specific locations of the brain as well as specific psychological experiences. His postulated two-part disease process, in which the healing phase is a reversal of the original disease conditions, is a basic concept of natural therapies.

However, Dr Hamer appears reluctant to consider extending or modifying his theory to take other possibilities into account. Basically, he postulates a one-way communication from psyche to organ via the brain. I suggest, instead, a two-way communication from psyche to organ as well as from organ back to brain and psyche.

I like to explain this by way of an example. I understand that the death rate from breast cancer in China is one in 10,000 compared to about one in 10 in most Western countries. Professor Jane Plant realised that unlike Western and Westernised women, the Chinese do not use animal milk or related products. At this stage, she was going through the fifth occurrence of breast cancer and had been given up to die. So she decided to avoid all milk products, and soon after this her tumour disappeared. She has now been free of cancer for 13 years (see *Your Life in Your Hands* by Jane Plant, published by Virgin, UK, 2000).

As the Chinese have normal rates of some other cancers, there needs to be a special factor that causes these low breast cancer rates. Assuming that it really is milk, I would apply the following reasoning.

Milk is high in insulin growth factor, IGF-1, which stimulates breast tissue to grow during puberty and pregnancy. IGF-1 is also present in the flesh of dairy cows and apparently also stimulates other hormone-related cancers, including prostate cancer. Assuming that this causes constant low-level stimulation of breast tissue and the related brain area in milk-drinking or dairy-consuming women, there are now two possibilities.

1. The sensitised brain areas will cause the woman to have a much stronger emotional response than normal to any child or partner conflict, and this causes milk-drinking women to develop more frequent breast cancers.

2. The second possibility is an existing sub-acute conflict situation or past event that is still subconsciously active. The persistent combined stimulation due to a sub-acute conflict in

addition to IGF-1 may cause the *gradual* development of a Hamer Herd or, alternatively, its sudden appearance when a certain threshold is reached.

In this way, any environmental factors can be taken into consideration for creating Hamer Herds in combination with psychological conflicts.

Most people presently have a very unhealthy lifestyle in addition to a poor quality of inherited genes. It may well be that really healthy individuals will not develop a Hamer Herd in response to an unexpected emotional shock, or that it will be a mild and self-healing event.

In a similar way, appropriate natural therapy, directed to a diseased organ, may give a message to the associated brain area that helps healing the Hamer Herd and in time also leads to a resolution of the emotional conflict.

A confirmation of the suggested interconnectedness

between emotions, nutrients, brain and organs can be found in kinesiology. Research in muscle testing has revealed a relationship between different nutrients and emotions with specific muscles and organs, transmitted through the system of acupuncture meridians.

However, a surprising finding was the direct involvement of the brain. When a radioactive nutrient was placed in the back of the mouth, within seconds the isotope was also detected in the brain.

I suggest that conflict resolution may also happen in non-specific ways. Assuming a patient receives a conflict-shock due to a diagnosis of cancer, then this conflict and possibly also the original conflict-shock may be resolved if the patient fully believes and expects that the subsequent treatment will be a cure. Other possibilities have been suggested under the previous subheading, *Healing the Psychic Conflict*.

Dr Hamer's official English-language website is at <http://www.newmedicine.ca>. However, much more information is available on the German website, <http://www.pilhar.com>, which also has a limited

English-language section. Dr Hamer has written several books, one of which is available in English under the title, *Summary of the New Medicine*. ∞

About the Author:

Walter Last worked as a biochemist and research chemist in the medical departments of several German universities and at Bio-Science Laboratories in Los Angeles, USA, and later as a nutritionist and natural therapist in New Zealand and Australia.

He has written numerous health-related journal articles as well as several books, including *Heal Yourself* and *Healing Foods* (Penguin Books). His next book, *The Natural Way to Heal*, is to be published in late 2003 by Hampton Roads Publishing. Walter Last's website, covering issues concerning health, science and spirituality, is at <http://www.mrbean.net.au/~wlast>.

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